Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Fall risk management: the percentage of Medicare members 75 years of age and older, or 65 to 74 years of age with balance or walking problems or a fall in the past 12 months, who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of Medicare members:

75 years of age and older, or
65 to 74 years of age with balance or walking problems or a fall in the past 12 months

who were seen by a Medicare Advantage Organization (MAO) practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner.

This measure is collected using the Medicare Health Outcome Survey (HOS). Results are calculated by the National Committee for Quality Assurance (NCQA) using data collected in the combined baseline and follow-up survey samples from the same measurement year.

Rationale

Unintentional injuries are the fifth leading cause of death in older adults, and falls are responsible for two-thirds of these deaths (Clark, Lord, & Webster, 1993). Falls can have serious psychological and social consequences. Many elderly people who fall develop a fear of subsequent falls, which can result in self-imposed functional limitations. Of those older adults who fall, 20 percent to 30 percent suffer moderate to severe injuries that may reduce mobility and independence, as well as increase the risk of premature death (Sterling, O'Connor, & Bonadies, 2001; Grisso et al., 1992). Recurrent falls are a common reason for the need for long-term care; a recent study found that falls were a significant factor in 40 percent of admissions to long-term care (National Institute of Arthritis and Musculoskeletal and Skin Disorders, n.d.; National Institutes of Health [NIH] Osteoporosis and Related Bone Diseases-National Resource Center, n.d.).

Because falls have the potential to cause serious harm and significantly limit functional status of the elderly, a clinical practice to routinely monitor and manage risk factors can have significant impact in preventing unintentional injuries from falls. The American Geriatrics Society, along with the British Geriatrics Society and the American Academy of Orthopaedic Surgeons, published clinical practice guidelines for the prevention of falls in older people ("Guideline," 2001).

Evidence for Rationale

Clark RD, Lord SR, Webster IW. Clinical parameters associated with falls in an elderly population. Gerontology. 1993;39(2):117-23. PubMed

Grisso JA, Schwarz DF, Wolfson V, Polansky M, LaPann K. The impact of falls in an inner-city elderly African-American population. J Am Geriatr Soc. 1992 Jul;40(7):673-8. PubMed

Guideline for the prevention of falls in older persons. American Geriatrics Society, British Geriatrics Society, and American Academy of Orthopaedic Surgeons Panel on Falls Prevention. J Am Geriatr Soc. 2001 May;49(5):664-72. PubMed

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Institute of Arthritis and Musculoskeletal and Skin Disorders (NIAMS). Osteoporosis: progress and promise. [internet]. Bethesda (MD): National Institutes of Health (NIH); [accessed 2003 Dec 30].

National Institutes of Health (NIH) Osteoporosis and Related Bone Diseases-National Resource Center. What is osteoporosis? Fast facts: an easy-to-read series of publications for the public. [internet]. Bethesda (MD): National Institutes of Health (NIH); [updated 2011 Jan 01]; [accessed 2004 Jan 12].

Sterling DA, O'Connor JA, Bonadies J. Geriatric falls: injury severity is high and disproportionate to mechanism. J Trauma. 2001 Jan;50(1):116-9. PubMed

Primary Health Components

Falls; balance; walking; risk management

Denominator Description

The number of Medicare members:

75 years of age and older as of December 31 of the measurement year who had a visit in the past 12 months, or
65 to 74 years of age as of December 31 of the measurement year who had a visit in the past 12 months and who responded to the survey indicating they had a fall or problems with balance or walking in the past 12 months

See the related "Denominator Inclusions/Exclusions" field.

Numerator Description

The number of members in the denominator who indicated they discussed falls or problems with balance or walking with their current provider (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

- Falls are the leading cause of death by injury in people 65 years of age and older: one in three seniors falls (American Geriatrics Society [AGS], 2010). Falls can cause hip fractures and head wounds, increasing the risk of early death and inducing fear that can reduce mobility and cause depression and social isolation (AGS, 2010; National Center for Injury Prevention and Control, 2008).
- In 2012, the cost of fall injuries totaled more than $36 billion. As the population ages, the financial toll for older-adult falls is projected to reach $59.6 billion by 2020 (National Council on Aging [NCOA], 2012).
- Falls result in more than 2.4 million injuries treated in emergency rooms (ERs) annually, including more than 772,000 hospitalizations and more than 21,700 deaths (NCOA, 2012).
- Every 15 seconds, an older adult is treated in the ER for a fall. Every 29 minutes, an older adult dies after a fall (NCOA, 2012).
- Falls are a threat to the health and independence of older adults (people 65 and older) (NCOA, 2012). The majority of falls could be prevented through evidence-based interventions, initial discussions with practitioners about future risk of falls and practical lifestyle adjustments (NCOA, 2012).

Evidence for Additional Information Supporting Need for the Measure

American Geriatrics Society (AGS). Falls prevention in older adults. [internet]. New York (NY): American Geriatrics Society; 2010 [accessed 2014 Jun 01].

National Center for Injury Prevention and Control. Preventing falls: how to develop community-based fall prevention programs for older adults. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2008. 100 p.

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

National Council on Aging (NCOA). Falls prevention: fact sheet. Arlington (VA): National Council on Aging (NCOA); 2012. 2 p.

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 65 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities
Person- and Family-centered Care
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
The number of Medicare members:

> 75 years of age and older as of December 31 of the measurement year who had a visit in the past 12 months, or
> 65 to 74 years of age as of December 31 of the measurement year who had a visit in the past 12 months and who responded to the survey indicating they had a fall or problems with balance or walking in the past 12 months

For members 65 to 74 years of age, member response choices must be as follows to be included in the denominator:

> Q48: A fall is when your body goes to the ground without being pushed. In the past 12 months, did your doctor or other health provider talk with you about falling or problems with balance or walking? = "Yes" or "No"
> Q49: Did you fall in the past 12 months? = "Yes" *or* Q50: In the past 12 months, have you had a problem with balance or walking? = "Yes"

For members 75 years of age and older, member response choices must be as follows to be included in the denominator:

> Q48: A fall is when your body goes to the ground without being pushed. In the past 12 months, did your doctor or other health provider talk with you about falling or problems with balance or walking? = "Yes" or "No"

Exclusions
Members assigned one of the following disposition status codes are ineligible for the survey:

> Deceased*
> Not enrolled in the Medicare Advantage Organization (MAO)
> Language barrier
> Removed from sample
> Duplicate, beneficiary listed twice in the sample frame
> Bad address and nonworking/unlisted phone number, or member is unknown at the dialed phone number

Nonresponse:

Partial complete survey (between 50 percent and 79 percent completed *or* 80 percent or more completed with an Activities of Daily Living [ADL] item unanswered)
Break-off (less than 50 percent completed)
Refusal
Respondent unavailable
Respondent physically or mentally incapacitated
Respondent institutionalized
Nonresponse after maximum attempts

*Deceased members are excluded from follow-up samples but are included in the calculation of Health Outcomes Survey (HOS) results.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
The number of members in the denominator who indicated they discussed falls or problems with balance or walking with their current provider

Member response choice must be as follows to be included in the numerator:

Q48: A fall is when your body goes to the ground without being pushed. In the past 12 months, did your doctor or other health provider talk with you about falling or problems with balance or walking? = "Yes"

Exclusions
Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Medicare Health Outcomes Survey (HOS)

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Fall risk management (FRM): discussing fall risk.

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Measures Collected Through Medicare Health Outcomes Survey

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.
National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.
National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Availability

Source available for purchase from the National Committee for Quality Measurement (NCQA) Web site .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.
National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on June 20, 2008. The information was verified by the measure developer on August 6, 2008.

This NQMC summary was updated by ECRI Institute on March 16, 2009. The information was not verified by the measure developer.

This NQMC summary was updated by ECRI Institute on May 28, 2010, October 17, 2011, November 29, 2012, August 5, 2013, April 23, 2014, May 5, 2015, and again on March 18, 2016.

Copyright Statement

Production

Source(s)

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National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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